

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

3975 Fair Ridge Dr.

Suite 400 North

Check if different
than previously
reported. (ACC)

FAIRFAX

VA

22033

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00408435

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

C

(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

C

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Huynh, Doug, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Huynh, Doug, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		54600.07
(b) Cash on Hand at Beginning of Reporting Period.....	50223.73	
(c) Total Receipts (from Line 19)	18143.92	30932.72
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	68367.65	85532.79
7. Total Disbursements (from Line 31).....	83.71	17248.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	68283.94	68283.94
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y Y
07 01 2016

To:

M M / D D / Y Y Y Y Y Y
09 30 2016

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

7254.00

12044.00

(ii) Unitemized

10869.99

16333.31

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

18123.99

28377.31

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

18123.99

28377.31

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

2500.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

19.93

55.41

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶

18143.92

30932.72

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

18143.92

30932.72

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	83.71	248.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	83.71	248.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	17000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	83.71	17248.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	83.71	17248.85

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	18123.99	28377.31
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18123.99	28377.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	83.71	248.85
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	83.71	248.85

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Alikhani, Ali, , ,

Mailing Address 67 Madison Ave

City
Memphis

State
TN

Zip Code
38103

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTHSC Methodist Univ Hospital

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 29 / 2016

Transaction ID : SA11AI.9750

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Alikhani, Ali, , ,

Mailing Address 67 Madison Ave

City
Memphis

State
TN

Zip Code
38103

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTHSC Methodist Univ Hospital

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2016

Transaction ID : SA11AI.9809

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Amberson, Steven, , Dr.,

Mailing Address 300 Professional Drive

City
Scarborough

State
ME

Zip Code
04074

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Spectrum Medical Group

Occupation (for Individual)
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 18 / 2016

Transaction ID : SA11AI.9708

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

350.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Angel, Wesley, A., ,

Mailing Address 594 West Drive

City
Memphis

State
TN

Zip Code
38112

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Methodist University Hospital

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 29 / 2016

Transaction ID : SA11AI.9751

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Angel, Wesley, A., ,

Mailing Address 594 West Drive

City
Memphis

State
TN

Zip Code
38112

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Methodist University Hospital

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2016

Transaction ID : SA11AI.9810

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Angel, Wesley, A., ,

Mailing Address 594 West Drive

City
Memphis

State
TN

Zip Code
38112

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Methodist University Hospital

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.9869

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Birn, Jeffrey, , ,

Mailing Address 4000 Wellness Drive

City
Midland

State
MI

Zip Code
48670

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Midland Radiology Associates

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 18 / 2016

Transaction ID : SA11AI.9710

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bruening, Brian, , ,

Mailing Address 4005 24th Street

City
Lubbock

State
TX

Zip Code
79410

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lubbock Diagnostic Radiology

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 06 / 2016

Transaction ID : SA11AI.9678

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Burrows, Patricia, , Dr.,

Mailing Address 300 Longwood Ave.

City
Boston

State
MA

Zip Code
02115

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Childrens Hospital

Occupation (for Individual)
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.9870

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Findeiss, Laura, , ,

Mailing Address 3604 Sunridge Drive

City

Park City

State

UT

Zip Code

84098

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Utah School of M

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 29 / 2016

Transaction ID : SA11AI.9753

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Findeiss, Laura, , ,

Mailing Address 3604 Sunridge Drive

City

Park City

State

UT

Zip Code

84098

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Utah School of M

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2016

Transaction ID : SA11AI.9812

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Findeiss, Laura, , ,

Mailing Address 3604 Sunridge Drive

City

Park City

State

UT

Zip Code

84098

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Utah School of M

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.9872

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

255.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Grande, William, , ,

Mailing Address 7002 Tulane Avenue #2

City
St. Louis

State
MO

Zip Code
63130

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mallinckrodt Institute of Radi

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 25 / 2016

Transaction ID : SA11AI.9731

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hancock, John, A., ,

Mailing Address 1207 Miramar St.

City
Houston

State
TX

Zip Code
77006

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baylor College of Medicine

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 29 / 2016

Transaction ID : SA11AI.9834

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hull, Jeffrey, , Dr.,

Mailing Address 2651 Radnor Pl

City
Midlothian

State
VA

Zip Code
23113

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Chippenhams Medical Center

Occupation (for Individual)
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 09 / 2016

Transaction ID : SA11AI.9796

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 17
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kim, Carl, , ,

Mailing Address 86 Garden St

City

San Francisco

State

CA

Zip Code

94115

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Seton Medical Center

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 16 / 2016

Transaction ID : SA11AI.9705

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Matalon, Terence, , Dr.,

Mailing Address 5501 Old York Rd

City

Philadelphia

State

PA

Zip Code

19141

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Albert Einstein Medical Center

Occupation (for Individual)

doctor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 22 / 2016

Transaction ID : SA11AI.9719

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Muehle, Casey, M., ,

Mailing Address 282 Etherton Ln

City

Springfield

State

IL

Zip Code

62712

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 02 / 2016

Transaction ID : SA11AI.9781

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Newcomb, James, , Dr.,

Mailing Address 1425 Princeton Ct.

City
Allentown

State
PA

Zip Code
18104

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lehigh Valley Hospital

Occupation (for Individual)
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 03 / 2016

Transaction ID : SA11AI.9783

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Park, Jin, , ,

Mailing Address 11692 Parkside Ave

City
Alpharetta

State
GA

Zip Code
30005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northside Radiology Associates

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2016

Transaction ID : SA11AI.9825

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ponec, Donald, , Dr.,

Mailing Address 7912 Corte Penca

City
Carlsbad

State
CA

Zip Code
92009

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tri-City Medical Center

Occupation (for Individual)
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 02 / 2016

Transaction ID : SA11AI.9675

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Putnam, Samuel, , Dr.,

Mailing Address 1012 Walsh Lane

City
Penn Valley

State
PA

Zip Code
19072

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fox Chase Cancer Center

Occupation (for Individual)
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2016

Transaction ID : SA11AI.9838

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ray, Charles, , , Jr.

Mailing Address 1740 W. Taylor St

City
Chicago

State
IL

Zip Code
60612

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of Illinois Hospital

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 06 / 2016

Transaction ID : SA11AI.9680

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Singh, Anup, , Dr.,

Mailing Address 711 Bodega Ct.

City
Fremont

State
CA

Zip Code
94539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Associates Medical G

Occupation (for Individual)
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 03 / 2016

Transaction ID : SA11AI.9786

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Siragusa, Daniel, A, ,

Mailing Address 3716 Camden Island Ct S

City
Jacksonville

State
FL

Zip Code
32224

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Shands Jacksonville

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 04 / 2016

Transaction ID : SA11AI.9789

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Skeens, Joseph, L., ,

Mailing Address 2908 Winchester Ave.

City
Ashland

State
KY

Zip Code
41101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Renaissance Medical Imaging

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 19 / 2016

Transaction ID : SA11AI.9818

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. So, Coralli, , Dr.,

Mailing Address 244 West Newton St.
#3

City
Boston

State
MA

Zip Code
02116

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Melrose-Wakefield Hospital

Occupation (for Individual)
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2016

Transaction ID : SA11AI.9850

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Thomas, John, JT, Dr.,

Mailing Address 13651 Treasure Trail Dr.

City
San Antonio

State
TX

Zip Code
78232

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
South Texas Radiology Group

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : SA11AI.9767

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Underwood, Johnson, , ,

Mailing Address 6526 N National Dr

City
Parkville

State
MO

Zip Code
64152

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North Kansas City Hospital

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 29 / 2016

Transaction ID : SA11AI.9762

Amount of Each Receipt this Period

249.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

749.00

TOTAL This Period (last page this line number only)..... ►

7254.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 27025

City
RichmondState
VAZip Code
23261

Purpose of Disbursement

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	5			2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.9666**

Amount of Each Disbursement this Period

24.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 27025

City
RichmondState
VAZip Code
23261

Purpose of Disbursement

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.9667**

Amount of Each Disbursement this Period

2.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address PO Box 27025

City
RichmondState
VAZip Code
23261

Purpose of Disbursement

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.9668**

Amount of Each Disbursement this Period

27.67

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

54.62

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 27025

City
RichmondState
VAZip Code
23261

Purpose of Disbursement

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		3	0		2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.9669**

Amount of Each Disbursement this Period

2.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2.16

56.78